Sailor, Clinician, Leader, and Woodworker: The Journey of Rear Adm. Anthony LaCourse

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In the quiet, early hours of a Saturday morning in East Taunton, Massachusetts, the rhythmic sound of a chisel meeting grain fills a backyard workshop. The workspace is a blend of the ancient and the modern. Traditional hand saws and clamps share bench space with high-precision computer numerical control routers and laser tools.

For this craftsman, Rear Adm. Anthony LaCourse, woodworking is more than a hobby or a “grounding” escape—it is a 20-hour-a-week discipline spread over weekends and weeknights. LaCourse sees many life lessons in this craft: patience, foresight, an opportunity for reflection and, of course, the art of refinement.

"Sometimes you have to change the direction of the project depending on the grain of the wood and material you are given," LaCourse noted. "But the end goal remains the driver."

You could say that it is, also, a fitting metaphor for a man who rose from a small, coastal town with aspirations for a career in medicine to becoming the director of the Medical Service Corps, Navy Reserve, and one of the Navy’s newest flag officers.

Rear Adm. LaCourse’s path to Navy Medicine began in the clamming community of Ipswich, Massachusetts. Even from an early age medicine was his North Star. As a Boy Scout, his peers nicknamed him "Doc" because he was never without the troop medical bag and was always ready to provide aid to those in need.

In 1987, while a student at Bridgewater State University, LaCourse walked into a Marine Corps recruiting office with a specific request: he wanted to be a medic for the Marines. The sergeant behind the desk—a gruff man from Georgia—stood up, grabbed him by the shoulders, and smiled.

"That’s great, Doc," the sergeant said with a southern drawl, walking him down the hall to the Navy desk. "I’ll see you in a couple of years."

LaCourse enlisted in the Navy in 1988, serving in the Sea-and-Air Mariner pathway program. With a family lineage of over 200 years of military service—including a father who served as a Navy Seabee and beach clearer in the Pacific Campaign in World War II—joining the ranks felt like a homecoming of sorts. As a reservist, he went through college during the year and trained over the summers. In his second year he went through field medical service school in Camp Pendleton and began his more than three-decade bond with the Marine Corps. To LaCourse, the relationship between Navy Medicine, especially the "Doc," and the Marines is sacred, built on over 100 years of history.

"Once you’ve established respect for their way of life, they will dive on a grenade to save you,” explained LaCourse.

Becoming a physician assistant (PA) was, as he puts it, “a natural progression” from being a corpsman. He was familiar with the history of the program and the role of hospital corpsmen in standing up the first civilian PA program at Duke University in 1967. But seeing a former teacher thrive as a PA inspired his own decision. After

graduating from Northeastern University's PA program in 1993, he was commissioned as an ensign in the Medical Service Corps.

While recognizing that the PA profession was still defining its role in the 1990s, particularly in the civilian sector, LaCourse attributes much of his later success to the formative experiences he gained as a military provider. His time with the Marine Corps proved especially influential.

"Marines have always seen me as their Doc," LaCourse reflected. "I'm not an MD, and I've explained countless times what a physician assistant is, but they don't dwell on the distinction. If you're the one putting in a chest tube and saving their life, that's what matters. Those moments gave me the confidence to carry that same assuredness into the civilian world working in an inner-city emergency room."

Helping to advance the opportunities for PAs has been a constant throughout his career and he has served as the Navy Reserve specialty leader for physician assistants and worked with the U.S. Navy Bureau of Medicine and Surgery (BUMED) on policies concerning PAs.

Becoming the first PA to achieve flag rank remains a "tremendous motivator" for him, noting, "It signifies not only a personal achievement but a massive leap for the entire physician assistant community across the military, validating the expertise and leadership potential of the corpsman-to-officer path."

His most passionate strategic principle remains the "force enabling of our corpsman." LaCourse believes in treating corpsmen "like they are PAs in waiting," providing them with advanced training, including EMT and paramedic certifications, to expand medical capabilities in operational areas. And he champions joint-service collaboration to achieve this.

"We need to create those joint-enabled capabilities . . . and I think we need to continue to look for those opportunities especially as we become more and more financially constricted for training and education," said LaCourse.

Looking back on his service, he notes that different assignments at different points of his career were especially impactful to his outlook.

Serving as the senior medical officer for the detention facility in Parwan, Afghanistan (2009 to 2010), forced him to reconcile the moral difficulties of caring for the enemy, and strengthened his core belief in the morality of medical care.

As the senior medical officer for the Special Purpose Marine-Air-Ground Task Force-Crisis Response-Africa (2013 to 2014), he learned the urgency and complexity of diplomatic medicine while preparing for embassy extractions.

And later as the deputy force surgeon and force surgeon for Marine Corps Central (MARCENT) Command, he served in charge of U.S. Marine medical care and patient movement for U.S. Central Command (CENTCOM), helping to oversee the integration of advanced medical assets as well as the medical readiness and force health protection of Marines and Sailors operating across the Middle East and Central Asia.

LaCourse now looks ahead with enthusiasm to serving the broader Medical Service Corps community and guiding the next generation of talent.

"We have so many extraordinary professionals across both the active duty and reserve Medical Service Corps," he noted. For those considering a career in Navy Medicine, his message is clear: "Navy Medicine is a dynamic environment. It adapts to the needs of the service, the priorities of the president, and the direction of the operational commander. What you will find in the Navy and Marine Corps are opportunities unlike anything available in the civilian world."

Throughout it all—whether he is navigating the complex medical requirements of a global theater or helping to recruit the next Medical Service Corps officer, Rear Adm. Anthony LaCourse remains a craftsman at heart. As he

leads the Reserve Medical Service Corps into a new era, LaCourse continues to apply the same discipline found in his East Taunton workshop: a focus on precision, a respect for tradition, and the foresight to refine his approach until the mission is complete. For the "Doc" who became a flag officer, the project is never truly finished; it simply evolves into the next opportunity to ensure that every Sailor and Marine has the lifeline and skills they need, whenever and wherever they serve.

The Navy Medicine Enterprise's 44,000+ talented and ready forces optimize health readiness, deliver quality healthcare, and provide global expeditionary medical support to warfighters.